

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$106.00 for date of service 04/18/01.
- b. The request was received on 02/19/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. All of the information submitted by both parties, in the case file will be reviewed, and a decision will be rendered accordingly.

### **III. PARTIES' POSITIONS**

1. Requestor:

The Requestor did not submit a letter Requesting Dispute Resolution.
2. Respondent:

The Respondent did not submit a letter in response to the Medical Dispute Resolution.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/18/01.
2. The denial on the submitted EOB is "F-APPEAL HAS BEEN CONSIDERED. THE ORIGINAL AUDIT RECOMMENDATION WILL ABIDE. A MAXIMUM OF 6 CPT CODES CAN BE REIMBURSED FOR "H" AND "F" STUDIES PER PATIENT ON THE SAME DATE OF SERVICE. F-THE VALUE OF THE PROCEDURE IS INCLUDED IN THE VALUE OF THE PROCEDURE PERFORMED ON THE SAME DAY."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/18/01	95935	\$106.00	\$0.00	F	\$53.00 (per study)	MFG MGR; (IV)(B)(d)	Medical documentation indicates that there was "H" study to both lower extremities. According to the referenced Rule: "H" studies on lower extremities may be billed bilaterally when performed." The HCP billed in accordance with the Rule and therefore, reimbursement is recommended in the amount of <b>\$106.00</b> .
<b>Totals</b>		\$106.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$106.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$106.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of July 2002.

Michael Bucklin, LVN  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.